



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

**SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name			3. Acronym or Abbreviated Name (if any)		
4. Mailing Address (Address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address 6622 Cape Neddick CT. Apt. G			5. E-mail Address (Optional)		
6. City Indianapolis	State IN	ZIP Code 46217	7. FAX (Optional)	8. Telephone (317) 431-8793	9. Committee Organization Date (MM-DD-YY)
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus.					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.			14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					
16. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson			17. E-mail Address (Optional)		
18. Mailing Address <input type="checkbox"/> Check if this is a new address			19. Telephone (Day)		20. Telephone (Evening)
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer JOSEPH M. HABIG			22. E-mail Address (Optional)		
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 6622 Cape Neddick CT. Apt. G Indianapolis, IN 46217			24. Telephone (Day) 317, 431-8793		25. Telephone (Evening) 317, 431-8793
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian JOSEPH M. HABIG			27. E-mail Address (Optional)		
28. Mailing Address <input type="checkbox"/> Check if this is a new address 6622 Cape Neddick CT. Apt. G Indianapolis, IN 46217			29. Telephone (Day) 317, 431-8793		30. Telephone (Evening) 317, 431-8793
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)					

**SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer JOSEPH HABIG	Signature of the Committee Chairperson Don St. Peters
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**SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.		
34. Typed or Printed Name of Treasurer JOSEPH M. HABIG	Signature of Treasurer Joseph M. Habig	Date (MM-DD-YY) 7/6/2011

**SECTION D. CERTIFICATION OF STATEMENT**

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or Printed Name of Chairperson Don St. Peters	Signature of Chairperson Don St. Peters	Date (MM-DD-YY) 7/5/11
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**Warning:** Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

**FOR OFFICE USE ONLY**

Elizabeth A. White

JUL 08 2011

**FILED**